



***DSM-5-TR* Diagnostic Criteria for Posttraumatic Stress Disorder**

- **Criterion A.** Exposure to actual or threatened death, serious injury, or sexual violence in ≥ 1 of the following ways:
 1. Direct experience
 2. Witnessing event(s) in person
 3. Learning the event(s) occurred to a close family member/friend
 - If actual or threatened death of family member/friend, the event(s) must have been violent or accidental.
 4. Repeated or extreme exposure to aversive details of event(s)
 - Examples: first responders collecting human remains, police officers repeatedly exposed to details of child abuse.

- Does *not* apply to media exposure unless work related.

- **Criterion B.** Presence of ≥ 1 intrusion sx:

1. Recurrent, involuntary, and intrusive distressing memories of the event(s)
2. Recurrent distressing dreams in which the content or affect of the dream is related to the event(s)
3. Dissociative rxns (e.g., flashbacks) in which the individual feels or acts as if the traumatic event was recurring. Most-extreme expression may be complete loss of awareness of present surroundings.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the event(s)
5. Marked physiological rxns to internal or external cues that symbolize or resemble an aspect of the event(s)

- **Criterion C.** Persistent avoidance of stimuli assoc w/ the event(s), as evidenced by 1 or both of the following:
 1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely assoc w/ the event(s)
 2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely assoc w/ the event(s)

- **Criterion D.** Negative alterations in cognitions and mood assoc w/ the event(s), as evidenced by ≥ 2 of the following:
 1. Inability to recall an important aspect of the event(s), typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs
 2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world—e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”

3. Persistent, distorted cognitions about the cause or consequences of the event(s) that lead the individual to blame themselves or others
 4. Persistent negative emotional state—e.g., fear, horror, anger, guilt, shame
 5. Markedly diminished interest or participation in significant activities
 6. Feeling of detachment or estrangement from others
 7. Persistent inability to experience positive emotions—e.g., happiness, satisfaction, loving feelings
- **Criterion E.** Marked alterations in arousal and reactivity associated with the event(s), as evidenced by ≥ 2 of the following:
 1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects
 2. Reckless or self-destructive behavior
 3. Hypervigilance
 4. Exaggerated startle response

5. Problems w/ concentration

6. Sleep disturbance—e.g., difficulty falling or staying asleep, restless sleep

- **Criterion F.** Duration of disturbance (Criteria B, C, D, and E) is >1mo.
- **Criterion G.** Disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- **Criterion H.** Disturbance isn't attributable to the physiological effects of a substance (e.g., medication or alcohol) or another medical condition.
- **With dissociative sx:** Pt experiences persistent or recurrent sx of either of the following:
 1. **Depersonalization:** feeling detached from, and as if one were an outside observer of, one's mental processes or body—e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly.

2. **Derealization:** experiencing the world as unreal, dreamlike, distant, or distorted.

Sx must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

- **With delayed expression:** if the full diagnostic criteria aren't met until ≥ 6 mo after the event (although the onset and expression of some sx may be immediate).

Source: Management of Posttraumatic Stress Disorder and Acute Stress Disorder Work Group. *VA/DoD Clinical Practice Guideline for Management of Posttraumatic Stress Disorder and Acute Stress Disorder*. U.S. Department of Veterans Affairs and U.S. Department of Defense; June 2023. Accessed April 19, 2024.

<https://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPGAug242023.pdf>